**Remedy Healthcare Referral Form**

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| --- | --- |
| **Referrer’s details** | |
| Name: |  |
| Organisation: |  |
| Role: |  |
| E-mail: |  |
| Telephone: |  |
| Date of referral: |  |

|  |  |
| --- | --- |
| **Client details** | |
| Full Name: |  |
| Date of Birth: |  |
| Occupation: |  |
| Home address: |  |
| Telephone number: |  |
| E-mail (optional): |  |
|  | |
| **GP details** | |
| Name: |  |
| Address: |  |
| Telephone number: |  |

|  |  |
| --- | --- |
| **Clinical details** | |
| Primary diagnosis(es):  (see note 1) |  |
| Date of onset: |  |
|  | |
| Investigations to date:  (see note 2) |  |
|  | |
| Treatment to date:  (see note 2) |  |
|  | |
| Current Symptoms:  (see note 3) |  |
|  | |
| Current Impairments: |  |
|  | |
| Current Limitations: (activity/ADL’s) |  |
|  | |
| Current Participation Restrictions: (leisure, work) |  |
|  | |
| Relevant environmental factors: (housing, mobility, etc) |  |
|  | |
| Relevant personal factors: (social, family, etc) |  |

|  |  |
| --- | --- |
| Co-morbidities | – Are there any disorders of the following systems currently or recently requiring active medical intervention? |
| 1. Psychiatric: |  |
| 1. Neurological: |  |
| 1. Cardio-respiratory: |  |
| 1. Gastro-intestinal: |  |
| 1. Other: |  |
|  | |
| Current medication:  (include generic name, dosage & duration of treatment) |  |
|  | |
| Client’s stated desired outcome of rehabilitation: |  |
| Referrer’s expectation of final clinical outcome: |  |
| Other relevant information: |  |

For further information please contact Remedy Healthcare:

[info@remedyhealthcare.co.uk](mailto:info@remedyhealthcare.co.uk)

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Notes

1. **Clinical Criteria for referral into Remedy Healthcare services**

* MSK traumatic injury as primary diagnosis
* Medically stable, including medication stabilised
* Pain adequately controlled with oral medication
* No significant cognitive impairment from TBI and cognitively able to participate in rehabilitation
* Any concurrent psychological conditions to be stable and managed externally
* Willing to participate in rehabilitation
* A suitably equipped and supported home environment to return to, once clinically safe and able to do so \*/\*\*
* Transferring with the assistance of 1 or greater mobility \*
* Independence with mobility, transfers and self care tasks \*\*

\* For access to Post-Acute Residential Rehabilitation programmes

\*\* For access onto The Intensive Residential Rehabilitation Course

Examples of suitable conditions:

* Traumatic or elective amputation – upper, lower & multi-limb
* Complex fractures – pelvic, long bone (including ORIF & external fixation), spinal (without SCI)
* Significant joint disruption/instability, including knee, ankle, shoulder
* Peripheral nerve injury
* Burns & plastics
* Soft tissue injuries, including degloving, split skin grafts

2. Please include all dates, relevant reports, locations, specialists’ names & outcome measures where

available.

3. WHO International Classification of Functioning, Disability & Health

